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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
	<u>-</u>	About Debtor 1:	Þ	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued	Anna First name	F	First name
r F	picture identification (for example, your driver's	. not have		
	license or passport).	Middle name	N	Middle name
	Bring your picture identification to your	Dillard	_	act name and Cuffix (Cr. Jr. II III)
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		ast name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal	xxx-xx-3541		
	Individual Taxpayer Identification number (ITIN)	AAA-AA-JJ# I		

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Case number (if known) Debtor 1 Anna Dillard

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs			
5.	Where you live	2000 Randi Dr., Unit 217	If Debtor 2 lives at a different address:			
		Aurora, IL 60504 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Kane				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 Anna Dillard Page 3 of 49 Case number (if known)

-ar	Tell the Court About Y	our E	sankruptcy Ca	se					
7.	The chapter of the Bankruptcy Code you are				each, see <i>Notice Required by</i> ge 1 and check the appropria	r 11 U.S.C. § 342(b) for Individuals Filing for Ban te box.	kruptcy		
	choosing to file under	■ Chapter 7							
			hapter 11						
		☐ Chapter 12							
			hapter 13						
3.	How you will pay the fee		about how yo	u may pay. Typical attorney is submitti	ly, if you are paying the fee y	ck with the clerk's office in your local court for mourself, you may pay with cash, cashier's check, nalf, your attorney may pay with a credit card or o	, or money		
					nents. If you choose this opti official Form 103A).	on, sign and attach the Application for Individua	ls to Pay		
			I request tha	t my fee be waive	d (You may request this optic	on only if you are filing for Chapter 7. By law, a ju our income is less than 150% of the official pove			
			applies to you	ır family size and y	ou are unable to pay the fee i	in installments). If you choose this option, you m cial Form 103B) and file it with your petition.			
					· ·	, , , , , , , , , , , , , , , , , , , ,			
).	Have you filed for bankruptcy within the	■ N							
	last 8 years?	□ Y							
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy	■ N	0						
	cases pending or being filed by a spouse who is not filing this case with	□ Y	es.						
	you, or by a business partner, or by an affiliate?								
			Debtor	-		Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	□ N	o Go to l	ine 12.					
	residence?	_	u.		d an eviction judgment agains	st you and do you want to stay in your residence	27		
		■ Y	es.	No. Go to line 12.	a a orionori jaaginoni agam	or you and do you man to day in your residence			
				Yes. Fill out <i>Initial</i> bankruptcy petition		Judgment Against You (Form 101A) and file it w	vith this		

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Case number (if known) Debtor 1 Anna Dillard Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Chapter 11 of the Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property?

Number, Street, City, State & Zip Code

or a building that needs urgent repairs?

Debtor 1 Anna Dillard Document Page 5 of 49 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Der	Anna Dillard			Case num						
Par	t 6: Answer These Quest	ions for R	eporting Purposes							
16.	What kind of debts do you have?	16a.	individual primarily for a pe	consumer debts? Consumer debts are dersonal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an					
			☐ No. Go to line 16b.							
			Yes. Go to line 17.							
		16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.							
			☐ No. Go to line 16c.	☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.							
		16c.	State the type of debts you	u owe that are not consumer debts or busin	ness debts					
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	ter 7. Go to line 18.						
	Do you estimate that after any exempt property is excluded and	■ Yes.		7. Do you estimate that after any exempt pr available to distribute to unsecured credito	operty is excluded and administrative expenses rs?					
	administrative expenses		■ No							
	are paid that funds will be available for		☐ Yes							
	distribution to unsecured creditors?									
18.	How many Creditors do	■ 1-49		1 ,000-5,000	□ 25,001-50,000					
	you estimate that you owe?	☐ 50-99)	5001-10,000	5 0,001-100,000					
		□ 100-1 □ 200-9		□ 10,001-25,000	☐ More than100,000					
19.	How much do you	□ \$0 - \$	 650,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion					
	estimate your assets to be worth?		001 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion					
			,001 - \$500,000 ,001 - \$1 million	□ \$100,000,001 - \$100 million	☐ More than \$50 billion					
20.	How much do you estimate your liabilities	\$0 - \$		\$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion					
	to be?		001 - \$100,000 ,001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion					
			,001 - \$500,000 ,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion					
Par	t7: Sign Below									
For	you	I have ex	camined this petition, and I co	declare under penalty of perjury that the infe	ormation provided is true and correct.					
				r 7, I am aware that I may proceed, if eligib e relief available under each chapter, and I	le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.					
				d not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this					
		I request	relief in accordance with the	e chapter of title 11, United States Code, s	pecified in this petition.					
		bankrupt and 357	tcy case can result in fines u 1.	nt, concealing property, or obtaining mone p to \$250,000, or imprisonment for up to 2	y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519.					
		/s/ Anna D	a Dillard Dillard	Signature of Deb	otor 2					
			e of Debtor 1	<u> </u>						
		Executed	d on June 19, 2017	Executed on						
			MM / DD / YYYY	N	MM / DD / YYYY					

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Debtor 1 Anna Dillard Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ C. David Ward	Date	June 19, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
C. David Ward		
C. David Ward		
Printed name		
C. David Ward		
Firm name		
1234 Douglas Road		
Oswego, IL 60543		
Number, Street, City, State & ZIP Code		
Contact phone 630-554-3065	Email address	cdward1945@yahoo.com
2938065 Illinois		
Bar number & State		

		Docume	ent Page 8 of 49		
Fill in this infor	mation to identify your	case:			
Debtor 1	Anna Dillard				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)				_	Check if this is an amended filing
				•	9

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as Value or	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	85,416.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	3,206.30
	1c. Copy line 63, Total of all property on Schedule A/B	\$	88,622.30
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	15,282.16
	Your total liabilities	\$	15,282.16
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,222.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,410.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	iedules.
	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	0.00
122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Ca	se 17-18466	Doc 1		06/19/17 ument	Entered 06/19/1	7 13:26:06	Des	c Main
Fill i	n this inforn	nation to identify	your case and th			1 MM. 107 (1) 4.3			
Debt	or 1	Anna Dillard							
D . l. (0	First Name	Middle	Name		Last Name			
Debt (Spou	or 2 se, if filing)	First Name	Middle	Name		Last Name			
Unite	ed States Ba	nkruptcy Court for	the: NORTHER	N DIST	RICT OF ILLIN	NOIS			
Case	e number								Charlett this is an
Case						_		L	☐ Check if this is an amended filing
Sc n eac hink i	hedulo h category, so it fits best. Bo	e as complete and a e space is needed, a	operty escribe items. List a	e. If two	married people	n asset fits in more than one e are filing together, both are e top of any additional pages	equally responsibl	e for sup	plying correct
Part '	1: Describe	Each Residence. Bu	ilding. Land. or Otl	her Real	Estate You Ow	n or Have an Interest In			
	No. Go to Part		uitable interest in a	ny resid	ence, building,	land, or similar property?			
1.1	1309 5th A			What	is the property Single-family h	/? Check all that apply	Do not deduct sec	cured clair	ns or exemptions. Put
	Street address,	f available, or other desc	cription		Duplex or mult	ti-unit building or cooperative			claims on Schedule D: s Secured by Property.
-	Aurora	IL State	60505-0000 ZIP Code		Land	or mobile home	Current value of entire property?		Current value of the portion you own? \$85,416.00
	City	State	ZIF Code		Timeshare Other	in the property? Check one	Describe the nat	ure of you	ur ownership interest
	Kane				Debtor 2 only				
	County					·			nunity property
					7 11 10 dot 0110 01	f the debtors and another ou wish to add about this ite on number:	(see instruction	is)	
				Enc enc 15-2 09-1	umbered by umbered by 16-428-003. 4124. Mort	a mortgage to Harris interest of tax buyer, Mortgage discharged gage discharged by jo 87) in Bankruptcy Cas	MS Investment by debtor in Ba int mortgagor,	Group.	Tax number cy Case

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$85,416.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Del	otor 1	Anna Dillard		Boodinent	Case number (if known)	
3. C	ars, var	ns, trucks, tractors, sport	utility vehic	les, motorcycles		
	No					
	l Yes					
					cles, other vehicles, and accessories owmobiles, motorcycle accessories	
	No					
] Yes					
					om Part 2, including any entries for =>	\$0.00
		cribe Your Personal and Ho				
		n or have any legal or eq		est in any of the follow	ing items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
1		old goods and furnishing es: Major appliances, furnitu		nina, kitchenware		
	Yes.	Describe				
		Househ	old goods	and furnishings.		\$500.00
	■ No				oment; computers, printers, scanners; music c	ollections; electronic devices
8. C	ollectib	les of value			oks, pictures, or other art objects; stamp, coin	, or baseball card collections;
	■ No	Describe				
9. E	i quipme Example	ent for sports and hobbie		other hobby equipment; I	picycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
_	■ No □ Yes.	Describe				
	■ No	s les: Pistols, rifles, shotguns Describe	s, ammunition	i, and related equipment		
11.	Clothes		, leather coats	s, designer wear, shoes,	accessories	
_	_	Describe				
		Wearin	g apparel.			\$150.00
ı	No		ume jewelry,	engagement rings, wed	ding rings, heirloom jewelry, watches, gems, ç	gold, silver

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Debtor 1	Anna Dillard		Document	Case number (if known)	
_Exa	farm animals mples: Dogs, cats, birds, ho	orses			
■ No □ Ye:	s. Describe				
14 Anv	other personal and house	ehold items vo	u did not already list. i	ncluding any health aids you did not list	
■ No		-			
□ 16	s. Give specific information				
	d the dollar value of all of Part 3. Write that number			ny entries for pages you have attached	\$650.00
	Describe Your Financial Asse				
Do you	own or have any legal or e	equitable inter	est in any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	mples: Money you have in y		•	osit box, and on hand when you file your petiti	on
				Cash	\$25.00
Exai □ No	institutions. If you ha		al accounts; certificates of counts with the same ins		nouses, and other similar
	17.1.	Checking	Old Seco	nd National Bank	\$60.00
	17.2.	Savings	Old Seco	nd National Bank	\$100.00
	17.3.	Checking	Bank of M	f lontgomery	\$100.00
_Exa	ds, mutual funds, or publication publication in the state of the state			ney market accounts	
■ No □ Ye	S	Institution or is	ssuer name:		
	venture	interests in ir	corporated and uninc	orporated businesses, including an interes	et in an LLC, partnership, and
	s. Give specific information				
		ime of entity:		% of ownership:	
Neg Non	-negotiable instruments are	personal check	s, cashiers' checks, pro	egotiable instruments missory notes, and money orders. by signing or delivering them.	
■ No	s. Give specific information	about them			
		uer name:			

Official Form 106A/B Schedule A/B: Property page 3

Case 17-18466 Doc 1 Filed 06/19/17 Entered 06/19/17 13:26:06 Desc Main Document Page 13 of 49 Case number (if known) Debtor 1 **Anna Dillard** 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes, Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No

☐ Yes. Give specific information......

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

□ No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Debtor 1	Anna Dillard	Document Page 14 of 49 Case number (if known)	
		Physicians Mutual Insurance Company whole life insurance policy. The cash value of the policy is \$1,250.00.	\$1,250.00
		Stonebridge whole life insurance policy. The cash value of the opolicy is \$1,644.52 minus the loan on the policy of \$623.22 for a net of \$1,021.30	\$1,021.30
If you somed		hat is due you from someone who has died of a living trust, expect proceeds from a life insurance policy, or are currently entitled to rec	eive property because
33. Claims <i>Exam</i> ■ No	s against third parti	es, whether or not you have filed a lawsuit or made a demand for payment sloyment disputes, insurance claims, or rights to sue	
34. Other No		iquidated claims of every nature, including counterclaims of the debtor and rights to	o set off claims
■ No	nancial assets you	·	
		all of your entries from Part 4, including any entries for pages you have attached mber here	\$2,556.30
	<u> </u>	Related Property You Own or Have an Interest In. List any real estate in Part 1. I or equitable interest in any business-related property?	
No. Go	o to Part 6. Go to line 38.	or equitable interest in any business related property.	
Part 6: De	escribe Any Farm- and	Commercial Fishing-Related Property You Own or Have an Interest In. rest in farmland, list it in Part 1.	
	u own or have any l Go to Part 7.	legal or equitable interest in any farm- or commercial fishing-related property?	
☐ Yes	s. Go to line 47.		
Exam _l □ No	u have other proper	rty You Own or Have an Interest in That You Did Not List Above rty of any kind you did not already list? country club membership ation	
. 33.	,	Values listed on schedule B are the debtor's/debtors' best estimate of fair market value in a liquidation sale.	\$0.00
54. Add	the dollar value of a	all of your entries from Part 7. Write that number here	\$0.00

Schedule A/B: Property

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Debtor 1 Anna Dillard Document Page 15 of 49
Case number (if known)

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$85,416.00 Part 2: Total vehicles, line 5 56. \$0.00 Part 3: Total personal and household items, line 15 57. \$650.00 58. Part 4: Total financial assets, line 36 \$2,556.30 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$3,206.30 Copy personal property total \$3,206.30 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$88,622.30

Official Form 106A/B Schedule A/B: Property page 6

			111 1 7111. 10 01 43	
Fill in this infor	mation to identify your	case:		
Debtor 1	Anna Dillard			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions	are vou claiming	? Check one only	. even if vour s	pouse is filing with vol

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Household goods and furnishings. Line from Schedule A/B: 6.1	\$500.00		\$600.00	735 ILCS 5/12-1001(b)
Line Holli Schedule A/D. V.1			100% of fair market value, up to any applicable statutory limit	
Wearing apparel. Line from Schedule A/B: 11.1	\$150.00		\$150.00	735 ILCS 5/12-1001(a)
Line IIoiii Scredule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$25.00		\$25.00	735 ILCS 5/12-1001(b)
Line Holli Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
Savings: Old Second National Bank Line from Schedule A/B: 17.2	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
Line Holli Schedule A/D. 17.2			100% of fair market value, up to any applicable statutory limit	
Physicians Mutual Insurance Company whole life insurance	\$1,250.00		\$1,240.00	735 ILCS 5/12-1001(b)
policy. The cash value of the policy is \$1,250.00.			100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 31.1				

Entered 06/19/17 13:26:06 Document Page 17 of 49 Case number (if known) Debtor 1 Anna Dillard Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Stonebridge whole life insurance 735 ILCS 5/12-1001(b) \$1,021.30 \$1,180.00 policy. The cash value of the opolicy is \$1,644.52 minus the loan on the 100% of fair market value, up to policy of \$623.22 for a net of any applicable statutory limit \$1,021.30 Line from Schedule A/B: 31.2 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Filed 06/19/17

Case 17-18466

Yes

Doc 1

Desc Main

		Document Pa	age 18 c	of 49		
Fill in this informati	on to identify yοι	ur case:				
Debtor 1	Anna Dillard					
	First Name	Middle Name Las	st Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Las	st Name			
	under a Count for the o	: NORTHERN DISTRICT OF ILLINO	ıc			
United States Bankru	apicy Court for the	. NORTHERN DISTRICT OF ILLINOI				
Case number						
(if known)					_	if this is an led filing
					amend	ed IIIIIg
Official Form 1	06D					
Schedule D:	: Creditors	Who Have Claims Se	cured	by Propert	У	12/15
Be as complete and ac	curate as nossible	If two married people are filing together, bo	oth are equa	lly responsible for su	innlying correct informa	tion If more space
is needed, copy the Ad		out, number the entries, and attach it to thi				
number (if known). 1. Do any creditors hav	ro claims socured b	w your property?				
		his form to the court with your other sche	edules You	have nothing else t	o report on this form	
	of the information	,	Judios. Tou	nave nothing clac t	o report on this form.	
		below.				
	ecured Claims	more than one secured claim, list the creditor	a a marata h	Column A	Column B	Column C
for each claim. If more	than one creditor has	s a particular claim, list the other creditors in Pa		Amount of claim	Value of collateral	Unsecured
much as possible, list th	ne claims in alphabeti	ical order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 BMO Harris I	Bank	Describe the property that secures the cl	laim:	\$0.00	\$85,416.00	\$0.00
Creditor's Name		1309 5th Ave. Aurora, IL 60505				
		Kane County Encumbered by a mortgage to				
		Harris Bank, balance unknown.				
		Also, encumbered by interest of	f tax			
		buyer, MS Investment Group. T				
		number 15-26-428-003. Mortgag	_			
PO Box 365		As of the date you file, the claim is: Check				
Arlington He	ights, IL	apply.	. all triat			
60006		Contingent				
Number, Street, City	, State & Zip Code	■ Unliquidated				
Who owes the debt?	Check one	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only	Official official	☐ An agreement you made (such as mortg	age or secur	ed		
☐ Debtor 2 only		car loan)	ago or occur	00		
Debtor 1 and Debtor	r 2 onlv	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
☐ At least one of the d	-	☐ Judgment lien from a lawsuit				
☐ Check if this claim	relates to a	Other (including a right to offset)				
community debt						
Date debt was incurred	d	Last 4 digits of account number				
					405 440 00	
2.2 MS Investme Creditor's Name	ent Group	Describe the property that secures the cl	laim:	Unknown	\$85,416.00	Unknown
Ordator o rearrio		1309 5th Ave. Aurora, IL 60505 Kane County				
		Encumbered by a mortgage to				
		Harris Bank, balance unknown.				
		Also, encumbered by interest of				
		buyer, MS Investment Group. T	I			
		number 15-26-428-003. Mortgag	- 1			
DO D 10:-		As of the date you file, the claim is: Check	All that			
PO Box 1043 Peoria, IL 610		apply.				
		☐ Contingent				
Number, Street, City	, State & Zip Code	Unliquidated				

Official Form 106D

☐ Disputed

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Debtor 1	Anna Dillard			Case number (if know)
	First Name	Middle Name	Last Name	
Who owe	s the debt? Check one.	Nature of	lien. Check all that apply.	
■ Debtor □ Debtor	•	☐ An agre car loa	eement you made (such as mor an)	gage or secured
☐ Debtor	1 and Debtor 2 only	☐ Statutor	ry lien (such as tax lien, mechai	nic's lien)
☐ At leas	t one of the debtors and a	nother	ent lien from a lawsuit	
	if this claim relates to a nunity debt	Other (i	including a right to offset)	
Date debt	was incurred	Las	at 4 digits of account number	
If this is			this page. Write that number alue totals from all pages.	here: \$0.00 \$0.00
Part 2:	List Others to Be Not	tified for a Debt Th	nat You Already Listed	
trying to than one	collect from you for a de	bt you owe to some bts that you listed i	one else, list the creditor in P	bt that you already listed in Part 1. For example, if a collection agency is art 1, and then list the collection agency here. Similarly, if you have more editors here. If you do not have additional persons to be notified for any
	me, Number, Street, City, ational Field Reps	State & Zip Code		On which line in Part 1 did you enter the creditor? 2.1
	6 Maple Ave. aremont NH 03743	.		Last 4 digits of account number

	0030 17 10400 1	Document	Page 20 of 49	JCSO Man
Fill in	this information to identify your o			
Debto	or 1 Anna Dillard			
20010	First Name	Middle Name	Last Name	
Debto				
(Spous	e if, filing) First Name	Middle Name	Last Name	
Unite	d States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILI	LINOIS	
Case	number			
(if know	vn)			Check if this is an
				amended filing
Offic	cial Form 106E/F			
	edule E/F: Creditors W	ho Have Unsecured	Claims	12/15
			Y claims and Part 2 for creditors with NONPRIORITY	
Schedi Schedi left. Att	ule G: Executory Contracts and Unexpi ule D: Creditors Who Have Claims Secu	ired Leases (Official Form 106G). Dured by Property. If more space is	ist executory contracts on Schedule A/B: Property (O Do not include any creditors with partially secured cla needed, copy the Part you need, fill it out, number the port in a Part, do not file that Part. On the top of any a	nims that are listed in e entries in the boxes on the
Part 1	1: List All of Your PRIORITY Un	secured Claims		
1. D	o any creditors have priority unsecured	d claims against you?		
	No. Go to Part 2.			
] Yes.			
Part 2	2: List All of Your NONPRIORIT	Y Unsecured Claims		
3. D	o any creditors have nonpriority unsec	ured claims against you?		
	No. You have nothing to report in this pa	art. Submit this form to the court with	your other schedules.	
	Yes.			
ur th	nsecured claim, list the creditor separately	for each claim. For each claim listed	e creditor who holds each claim. If a creditor has more t, identify what type of claim it is. Do not list claims alread have more than three nonpriority unsecured claims fill out	y included in Part 1. If more
				Total claim
4.1	Alden of Waterford LLC	Last 4 digits of acc	ount number	\$4.572.00
	Nonpriority Creditor's Name			
	2021 Randi Drive	When was the debt	incurred?	
	Aurora, IL 60504-4758 Number Street City State Zlp Code	As of the date you	file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		, siam is onock an that app.,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and ano	T (NONEDIO	RITY unsecured claim:	
	☐ Check if this claim is for a comm	— - · ·		
	debt		ng out of a separation agreement or divorce that you did r	not
	Is the claim subject to offset?	report as priority clai		
	No	·	or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	unsecured credit	

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Anna Diliard		Case number (if know)	
Birch Communications	Last 4 digits of account number		\$74.56
Nonpriority Creditor's Name PO Box 105066	When was the debt incurred?		
Atlanta, GA 30348-5066 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	■ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify unsecured	credit	
Cardworks/CW Nexus	Last 4 digits of account number	9995	\$1,127.81
Nonpriority Creditor's Name Pob 9201 Old Bethpage, NY 11804	When was the debt incurred?	Opened 08/12 Last Active 10/07/16	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •		
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other Specify Credit Card		
Credit Collection Services	Last 4 digits of account number		\$61.19
Nonpriority Creditor's Name 725 Canton St.	When was the debt incurred?		
Norwood, MA 02062			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	Пол		
Debtor 1 only	☐ Contingent —		
Debtor 2 only	■ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	Student loans	a Jann.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
□Yes	Other Specify collections	for Allstate Insurance Company	

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Debtor 1 Anna Dillard Case number (if know) 4.5 \$209.45 DirectTV Last 4 digits of account number Nonpriority Creditor's Name P. O. Box 6550 When was the debt incurred? Greenwood Village, CO 80155-6550 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unsecured credit ☐ Yes 4.6 Elan Financial Service \$1,856.81 Last 4 digits of account number 0787 Nonpriority Creditor's Name Opened 04/16 Last Active 4 Station Square Ste 620 When was the debt incurred? 10/03/16 Pittsburgh, PA 15219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card Old Second National Bank** Other. Specify 4.7 **Ford Motor Credit** Last 4 digits of account number 2075 \$5,206.00 Nonpriority Creditor's Name **National Bankruptcy Service Center** Opened 05/15 Last Active Po Box 62180 When was the debt incurred? 10/18/16 Colorado Springs, CO 80962 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No unsecured credit repossessed Ford Focus ☐ Yes Other. Specify Case number 2017 SC 495

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Case number (if know)	
Last 4 digits of account number	\$49.34
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
■ Unliquidated	
□ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Debts to pension or profit-sharing plans, and other similar debts	
Other. Specify unsecured credit	
Last 4 digits of account number	\$205.00
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
■ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Debts to pension or profit-sharing plans, and other similar debts	
Other. Specify collections for Dreyer Medical Clinic	
Last 4 digits of account number	\$75.00

When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
auto jou mo, mo orani for orioon an mat appry	
☐ Contingent	
■ Unliquidated	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Debts to pension or profit-sharing plans, and other similar debts	
■ Other Specify collections for Rush-Copley	
	When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Unsecured credit Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Collections for Dreyer Medical Clinic Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Cother. Specify Collections for Dreyer Medical Clinic

Document Page 24 of 49 Debtor 1 Anna Dillard Case number (if know) 4.1 Medical Business Bureau LLC \$1,288.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? **PO Box 326** Grand Haven, MI 49417-0326 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify collections for Rush-Copley Med. Center ☐ Yes 4.1 Resident Receivables LLC \$482.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 5090 When was the debt incurred? Evanston, IL 60204-5090 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify collections for Helia Healthcare of Yorkville ☐ Yes 4.1 **Rush Copley Medical Center** \$75.00 Last 4 digits of account number Nonpriority Creditor's Name 2000 Ogden Avenue When was the debt incurred? Aurora, IL 60504 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

■ Other. Specify medical services

Name and Address

debt

■ No

☐ Yes

On which entry in Part 1 or Part 2 did you list the original creditor?

oxed Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 Anna Dillard		Case number (if know)				
Alden of Waterford LLC 4200 W. Peterson Ave., Ste 140	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims				
Aurora, IL 60504-4758	Last 4 digits of account numb					
Name and Address	On which entry in Part 1 or Pa	art 2 did you list the original creditor?				
Blitt And Gaines	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
661 W. Glenn Avenue Wheeling, IL 60090		■ Part 2: Creditors with Nonpriority Unsecured Claims				
wheeling, in 60090	Last 4 digits of account numb	er				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
Cardmember Service	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO Box 108 Saint Louis, MO 63166-0108		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Saint Louis, MO 03100-0108	Last 4 digits of account numb	er				
Name and Address	On which entry in Part 1 or Pa	art 2 did you list the original creditor?				
Creditors Discount And Audit Co	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
415 E Main Street, Po Box 213 Streator, IL 61364		■ Part 2: Creditors with Nonpriority Unsecured Claims				
•	Last 4 digits of account numb	er				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				1	Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				1	Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			0.00
		you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	15,282.16
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	15,282.16

		170771110	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Anna Dillard			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit Name, Numb	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3			Otato		
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	Jity		Oldic		

		Docume	ent Page 27 o	ot 49	
Fill in this	information to identify your	case:			
Debtor 1	Anna Dillard				
Depioi i	Anna Dillard First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numl	ber				
(if known)					Check if this is an
					amended filing
Officia	l Form 106H				
		la la tara			
sched	lule H: Your Cod	eptors			12/15
Arizon ■ No. □ Yes	hin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. s. Did your spouse, former spo	, Nevada, New Mexico, Pu use, or legal equivalent live	erto Rico, Texas, Wash	lington, and Wisconsin.	ty states and territories include) ng with you. List the person shown
in line Form	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed t	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	
_	North an Otrest				
	Number Street City	State	ZIP Code		
				_	
3.2	Name			D Schedule D, lir	
	INAIIIC			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street				
	City	State	ZIP Code		

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E:11	: 4b: : 6 4: 4 :-l4	· · · · · · · · · · · · · · · · · · ·					Ī				
	in this information to idention to identical to identica	ny your ca a Dillard	se:								
	otor 2					_					
Uni	ted States Bankruptcy Cou	urt for the:	NORTHERN DISTRIC	T OF ILLINOIS							
	se number 						Check if this is An amende A supplement 13 income	ed fil ent s	showing	g postpetition llowing date:	•
<u>O</u> 1	fficial Form 106	<u> </u>					MM / DD/ Y	/YY	<u>Y</u>		
S	chedule I: You	r Inco	ome								12/15
sup _l spo atta	es complete and accurate plying correct information use. If you are separated cha separate sheet to the Describe Empl	n. If you a and your is form. C	are married and not filing spouse is not filing with	g jointly, and your h you, do not incl	spouse i ude inforr	s liv nati	ing with you, incl on about your spo	ude ouse	inform a. If mo	ation about re space is	your needed,
1.	Fill in your employmeninformation.	t		Debtor 1			Debtor 2	2 or	non-fili	ing spouse	
	If you have more than one job, attach a separate page with information about additional		Employment status	☐ Employed ■ Not employed		_	☐ Employed ☐ Not employed				
	employers.		Occupation								
	Include part-time, seasor self-employed work.	nal, or	Employer's name								
	Occupation may include or homemaker, if it applies		Employer's address								
			How long employed th	ere?							
Par	t 2: Give Details Al	bout Mon	thly Income								
	mate monthly income as use unless you are separat		te you file this form. If y	ou have nothing to	report for	any	line, write \$0 in the	spa	ice. Incl	lude your noi	n-filing
-	u or your non-filing spouse e space, attach a separate			mbine the informati	on for all e	mpl	oyers for that perso	on or	n the lin	es below. If	you need
							For Debtor 1			otor 2 or ng spouse	
2.	List monthly gross wag deductions). If not paid r				2.	\$	0.00	\$		N/A	
3.	Estimate and list month	hly overti	me pay.		3.	+\$	0.00	+5	\$	N/A	
4.	Calculate gross Income	e. Add lin	e 2 + line 3.		4.	\$	0.00		\$	N/A	

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Debt	tor 1	Anna Dillard		C	ase i	number (if kno	wn)				
					For	Debtor 1			Debtor filing s	2 or	
	Сор	y line 4 here	4.	-	\$	0.	00	\$		N/A	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	0.	00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.	00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.	00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.		\$	0.	00	\$		N/A	
	5e.	Insurance	5e.		\$	0.	00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	0.	00	\$		N/A	_
	5g.	Union dues	5g.		\$	0.	00	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h.	.+	\$	0.	00 -	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$	0.	00	\$		N/A	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$	0.	00	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0	00	\$		N/A	
	8b.	Interest and dividends	8b.		\$ —		00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$		00	\$		N/A	_
	8d.	Unemployment compensation	8d.		\$		00	\$		N/A	_
	8e.	Social Security	8e.		\$	1,222.	00	\$		N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g.		\$		00 00	\$ 		N/A N/A	_
	8h.	Other monthly income. Specify:	8h.	.+	\$	0.	00 -	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		1,222.	00	\$		N/A	4
10	Cali	sulate monthly income. Add line 7 , line 0	10.	<u> </u>		1 000 00			NI/A	= \$	4 000 00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Φ_		1,222.00	• D		N/A	= 5 -	1,222.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule use contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe					-		e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$	1,222.00
13.	Dov	you expect an increase or decrease within the year after you file this form	?							Combi month	ned ly income
. •		No.									
	$\overline{}$	Yes Explain:									

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	in this information to identify your case:		I		
Debt	Anna Dillard			ck if this is: An amended filing	
	otor 2				wing postpetition chapter
(Spo	ouse, if filing)		_	13 expenses as of	the following date.
Unite	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILL	INOIS		MM / DD / YYYY	
1	nown)				
Of	fficial Form 106J				
Sc	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to th mber (if known). Answer every question.				
Part					
1.	Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expens</i>	ses for Separate House	ehold of Debi	tor 2.	
2.	Do you have dependents? ■ No				
۷.		r Donandant's relat	ionshin to	Donandant's	Does dependent
	Do not list Debtor 1 and Search dependent			Dependent's age	live with you?
	Do not state the				□ No
	dependents names.				Yes
					□ No
					☐ Yes ☐ No
					□ No □ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than				
	yourself and your dependents?				
Part	t 2: Estimate Your Ongoing Monthly Expenses				
Esti exp	imate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a sublicable date.				
the	lude expenses paid for with non-cash government assistanc value of such assistance and have included it on <i>Schedule I</i> ficial Form 106I.)			Your exp	enses
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	. Include first mortgag	e 4. \$		955.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	i	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses4d. Homeowner's association or condominium dues		4c. \$ 4d. \$		0.00
5.	Additional mortgage payments for your residence, such as	home equity loans	4a. \$ 5. \$		0.00 0.00

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	Anna Dillard	Case Hulli	ber (if known)	
. Util	lities:			
6a.		6a.	\$	57.00
6b.	•••	6b.	·	0.00
6c.		6c.	·	36.00
6d.		6d.	·	0.00
	od and housekeeping supplies	7.	*	150.00
	ildcare and children's education costs	7. 8.	\$	0.00
_	othing, laundry, and dry cleaning	9.	\$	
			·	50.00
	rsonal care products and services	10.	\$	0.00
	dical and dental expenses	11.	\$	114.00
	ansportation. Include gas, maintenance, bus or train fare.	12.	\$	0.00
	not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books	13.	·	
			·	0.00
	aritable contributions and religious donations	14.	Φ	0.00
	surance.			
	not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance	15a.	¢	25.00
			·	25.00
	o. Health insurance	15b.	·	23.00
	c. Vehicle insurance	15c.	·	0.00
	d. Other insurance. Specify:	15d.	\$	0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.		_	
	ecify:	16.	\$	0.00
	tallment or lease payments:		•	
	a. Car payments for Vehicle 1	17a.	·	0.00
	c. Car payments for Vehicle 2	17b.	·	0.00
17c	c. Other. Specify:	17c.	\$	0.00
17d	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as		<u> </u>	0.00
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. 18.	· -	
	ner payments you make to support others who do not live with you.	4.0	\$	0.00
	ecify:	19.		
	her real property expenses not included in lines 4 or 5 of this form or on Sch			0.00
	a. Mortgages on other property	20a.	· -	0.00
	b. Real estate taxes	20b.	·	0.00
	c. Property, homeowner's, or renter's insurance	20c.	·	0.00
20d	d. Maintenance, repair, and upkeep expenses	20d.		0.00
20e	e. Homeowner's association or condominium dues	20e.	\$	0.00
. Oth	ner: Specify:	21.	+\$	0.00
	Iculate your monthly expenses		Φ.	4 440 00
	a. Add lines 4 through 21.		\$	1,410.00
22b	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
220	c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,410.00
0-1	laulata varus manthly not income			
	lculate your monthly net income.	00:	Φ.	4 000 00
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	1,222.00
23b	c. Copy your monthly expenses from line 22c above.	23b.	-5	1,410.00
00	Cultural transport of the company of			
230	c. Subtract your monthly expenses from your monthly income.	23c.	\$	-188.00
	The result is your monthly net income.	۷۵۵.	*	
4 Da	you expect an increase or decrease in your expenses within the year effect.	ou file this	form?	
→. DO	you expect an increase or decrease in your expenses within the year after y			ise or decrease because o
	example do you expect to tinish baying for your car loan within the year or do you expect you			
For	example, do you expect to finish paying for your car loan within the year or do you expect you dification to the terms of your mortgage?	ui mongage p	bayment to increa	
For	dification to the terms of your mortgage?	ui mongage p	bayment to increa	

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Debtor 1	
First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Check if this is	
Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Check if this is	
(Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Check if this is	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Check if this is	
Case number Check if this is	
(if known) Check if this is	
Check if this is	
amended tilling	
	}
Official Forms 400Dec	
Official Form 106Dec	
Declaration About an Individual Debtor's Schedules	12/15
If two married people are filing together, both are equally responsible for supplying correct information.	
You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property	erty, or
obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for	
years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
Sign Below	
oign below	
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?	
■ No	
☐ Yes. Name of person Attach Bankruptcy Petition Preparer's	s Notice.
Declaration, and Signature (Official F	orm 119)
	orm 119)
Declaration, and Signature (Official F	orm 119)
Declaration, and Signature (Official F	orm 119)
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.	orm 119)
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Anna Dillard X	orm 119)
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Anna Dillard Anna Dillard Signature (Official F	orm 119)
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Anna Dillard X	orm 119)

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Filli	n this inforr	nation to identify you	r case:							
Debt	tor 1	Anna Dillard								
		First Name	Middle Name	Last Name						
Debt (Spou	tor 2 se if, filing)	First Name	Middle Name	Last Name						
Unite	ed States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS						
Case (if kno	e number _ wn)					☐ Check if this is a amended filing	an			
Sta Be as	tement complete a	and accurate as poss	ble. If two married people attach a separate sheet to	duals Filing for B are filing together, both are this form. On the top of an	equally responsible					
Part			rital Status and Where You	ı Lived Before						
1.	What is you	r current marital statu	ıs?							
	☐ Married									
	Not ma	rried								
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?						
	No									
	☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.									
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	Idress:	Dates Debte	or 2			
				gal equivalent in a commur vada, New Mexico, Puerto R			property			
	■ No □ Yes. Ma	ake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (C	fficial Form 106H).						
Part	2 Explai	in the Sources of You	r Income							
	Fill in the total fill in the total fill fill fill fill fill fill fill fi	al amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including parter together, list it only once un	-time activities.	ous calendar years?				
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incon Check all that app		uctions			

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5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gam winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.												
	List ea	ich s	ource and t	he gross inco	me from ea	ach source separ	rately. Do r	not include incom	ne tha	at you listed in lir	ne 4.	
	□ м	lo										
	Y	es. I	Fill in the de	etails.								
					Debtor 1					Debtor 2		
					Sources Describe	of income below.	each	s income from source re deductions and sions)	ıd	Sources of inc Describe below		Gross income (before deductions and exclusions)
			1 of curre	nt year until nkruptcy:	Social S	ecurity		\$4,888.0	00			
			dar year: December	31, 2016)	Social S	ecurity		\$14,664.0	00			
			lar year be December		Social S	ecurity		\$14,500.0	00			
Pa	art 3:	List	Certain Pa	yments You	Made Befo	ore You Filed fo	r Bankrup	tcy				
6.	Are eit	ther	Debtor 1's	or Debtor 2	s debts pr	imarily consum	er debts?					
•	_	lo.	Neither De	ebtor 1 nor D	ebtor 2 ha		sumer del	ots. Consumer d	lebts :	are defined in 11	U.S.C. § 10	1(8) as "incurred by an
			□ No.	90 days befo	-	I for bankruptcy,	did you pa	y any creditor a t	total o	of \$6,425* or mo	re?	
			☐ Yes	paid that cre not include	editor. Do r payments t	not include paymento an attorney for	ents for do this bankr	mestic support o	obliga	tions, such as cl	nild support a	he total amount you nd alimony. Also, do
	■ Y	es.	Debtor 1	or Debtor 2 o	r both hav	e primarily cons	sumer deb					
			■ No.	Go to line 7								
			□ Yes	List below e	each credito	lomestic support						t creditor. Do not nclude payments to an
	Credi	itor's	s Name and	d Address		Dates of paym	nent	Total amount paid		Amount you still owe	Was this p	payment for
7.	Insider of whic a busir alimon	rs inc ch yo ness iy.	clude your r ou are an of	elatives; any ficer, director	general pa , person in	rtners; relatives of control, or owner	of any gene of 20% or		rtners oting s	ships of which you	ou are a gene ny managing	ral partner; corporation agent, including one fo
	■ N		ist all navn	nents to an in	sider							
			Name and			Dates of paym	nent	Total amount paid		Amount you still owe	Reason fo	or this payment
								-				

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Page 35 of 49 Case number (if known) Document Debtor 1 Anna Dillard

8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.					
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment ditor's name
Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.					
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the case	
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.					
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property	he Property		Date	Value of the
		Explain what happened				property
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.					
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount
	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?					
	■ No □ Yes					
Pa	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date:	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No					
	Yes. Fill in the details for each gift or contribution.					
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	al Describe what you	contributed		s you ibuted	Value
Pai	tt 6: List Certain Losses					

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Document Page 36 of 49 Case number (if known) Debtor 1 Anna Dillard or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Black Hills Children's Ranch, Inc. 4-4-17 \$20.00 **Pioneer Credit Counseling** P. O. Box 6860 Rapid City, SD 57703 C. David Ward **Attorney Fees** \$450.00 1234 Douglas Road Oswego, IL 60543 cdward1945@yahoo.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο П Yes. Fill in the details. **Person Who Was Paid** Description and value of any property **Date payment** Amount of **Address** transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Describe any property or Description and value of Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details.

Name of trust

Description and value of the property transferred

Date Transfer was

made

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Pa	t 8: List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and Sto	orage Units				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.							
	No	ciations, and other final	iciai institutions) .				
	Yes. Fill in the details.							
	Name of Financial Institution and	Last 4 digits of	Type of accou	nt or D	Date account was	Last balance		
	Address (Number, Street, City, State and ZIP Code)	account number	instrument	o n	closed, sold, noved, or ransferred	before closing or transfer		
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, an	y safe depo	sit box or other depos	itory for securities,		
	No							
	☐ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe th	e contents	Do you still have it?		
22.	Have you stored property in a storage unit	or place other than you	home within 1 y	year before	you filed for bankrupto	cy?		
	No							
	☐ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe th	e contents	Do you still have it?		
Pa	t 0: Identify Property You Hold or Control	for Samoona Elsa						
23.	t 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
	.							
	No							
	Yes. Fill in the details.	W/ !- di		D 11 41-		Malara		
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe th	e property	Value		
Pa	t 10: Give Details About Environmental Info	ormation						
For	the purpose of Part 10, the following definiti	ons apply:						
	Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these	he air, land, soil, surfac	e water, ground	• .	•			
Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or to own, operate, or utilize it, including disposal sites.					e, or utilize it or used			
	Hazardous material means anything an envi hazardous material, pollutant, contaminant,		as a hazardous v	waste, haza	rdous substance, toxi	c substance,		
Rep	ort all notices, releases, and proceedings the	at you know about, rega	ardless of when	they occurr	ed.			
24.	Has any governmental unit notified you that	t you may be liable or p	otentially liable (under or in v	violation of an environ	mental law?		
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental un Address (Number, S		Environ know it	mental law, if you	Date of notice		

ZIP Code)

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25.	Ha	ve you notified any governmental unit o	of any	release of hazardous material?				
		No						
	_	Yes. Fill in the details.						
		ame of site ddress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	nd	Environmental law, if you know it	Date of notice	
26.	Ha	ve you been a party in any judicial or ad	lminis	•	iron	mental law? Include settlements	and orders.	
	_	N-						
	_	No Yes. Fill in the details.						
	_	ase Title		Court or agency	Na	ture of the case	Status of the	
		ase Number		Name Address (Number, Street, City, State and ZIP Code)	140	nare of the case	case	
Par	t 11	: Give Details About Your Business of	r Con	nections to Any Business				
27.	Wit	thin 4 years before you filed for bankrup	otcv. (did vou own a business or have an	nv of	f the following connections to an	v business?	
		☐ A sole proprietor or self-employed	inat	rade, profession, or other activity,	, eith	ner full-time or part-time		
		☐ A member of a limited liability com				•		
		<u> </u>	ipariy	(LEG) of minited hability partiters in	p (i			
		☐ A partner in a partnership						
		☐ An officer, director, or managing e	xecut	ive of a corporation				
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.							
				scribe the nature of the business		Employer Identification number		
	Address (Number, Street, City, State and ZIP Code)		Na	Name of accountant or bookkeeper		Do not include Social Security number or ITIN.		
	Dates business existed							
28.		thin 2 years before you filed for bankrup titutions, creditors, or other parties.	otcy, (did you give a financial statement t	to a	nyone about your business? Incl	ude all financial	
		No						
		Yes. Fill in the details below.						
	Ac	ame ddress umber, Street, City, State and ZIP Code)	Da	te Issued				
Por		Sign Below						
I havare to with	rue a b	ead the answers on this <i>Statement of Fi</i> and correct. I understand that making a nankruptcy case can result in fines up to C. §§ 152, 1341, 1519, and 3571.	a fals	e statement, concealing property,	or o	btaining money or property by fr		
		Dillard		Signature of Debtor 2				
Sig	natı	ure of Debtor 1						
Dat	e _	June 19, 2017	_	Date				
_		attach additional pages to Your Statem	nent d	f Financial Affairs for Individuals F	Filin	g for Bankruptcy (Official Form 1	07)?	
	es							
		pay or agree to pay someone who is no	ot an	attorney to help you fill out bankru	uptc	y forms?		
						101		
		Name of Person Attach the Bankr orm 107 State		Petition Preparer's Notice, Declaration of Financial Affairs for Individuals Filing			page (
							r-190	

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Debtor 1 Anna Dillard

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			3.	
Fill in this infor	mation to identify your c	ase:		
Debtor 1				
Deptor I	Anna Dillard First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
If you are an ind ■ creditors hav ■ you have leas You must file th	lividual filing under chap ve claims secured by you sed personal property an is form with the court wi ever is earlier, unless the	ter 7, you must fi r property, or d the lease has r thin 30 days after		set for the meeting of creditors,
sign a	nd date the form.	e. If more space i	oth are equally responsible for supplying correct is needed, attach a separate sheet to this form. Or	
Part 1: List Y	our Creditors Who Have	Secured Claims		
For any credit information b		t 1 of Schedule [D: Creditors Who Have Claims Secured by Property	ty (Official Form 106D), fill in the
Identify the cr	reditor and the property th	at is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's			П О man double man i	Пм
name:			☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
namo.			Retain the property and redeem it. Retain the property and enter into a	☐ Yes
Description of	f		Reaffirmation Agreement.	
property			☐ Retain the property and [explain]:	
securing debt	:			
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	
Description of	f		Retain the property and enter into a Reaffirmation Agreement.	☐ Yes

Official Form 108

Creditor's

property

Creditor's

name:

property

securing debt:

Description of

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

☐ Surrender the property.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 $\hfill\square$ Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

□ No

☐ Yes

☐ No

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Debtor 1	Anna Dillard	Case number (if known)	
name: Descrip	у	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
securin	g debt:		-
For any ur in the info	rmation below. Do not list real estat	erty Leases at you listed in Schedule G: Executory Contracts and Unexpired te leases. Unexpired leases are leases that are still in effect; the erty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2	lease period has not yet ended.
Describe	your unexpired personal property le	eases	Will the lease be assumed?
Lessor's n Descriptio Property:	name: on of leased		□ No □ Yes
Lessor's n Descriptio Property:	name: on of leased		□ No
Lessor's n	name: on of leased		□ Yes □ No □ Yes
Lessor's n	name: on of leased		□ No □ Yes
Lessor's n Descriptio Property:	name: on of leased		□ No □ Yes
Lessor's n Descriptio Property:	name: on of leased		□ No □ Yes
	name: on of leased		□ No
Property: Part 3:	Sign Below		☐ Yes
Under per		indicated my intention about any property of my estate that sec	ures a debt and any personal
X /s/ A	Anna Dillard	X	
Ann	a Dillard ature of Debtor 1	Signature of Debtor 2	
Date	June 19, 2017	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-18466 Doc 1 Filed 06/19/17 Entered 06/19/17 13:26:06 Desc Main Document Page 46 of 49

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	e Anna Dillard			Case No.	
			Debtor(s)	Chapter	7
	DIS	CLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR DI	EBTOR(S)
1.	compensation paid to	C. § 329(a) and Fed. Bankr. P. 2016(b) me within one year before the filing f of the debtor(s) in contemplation of	of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to
	For legal service	es, I have agreed to accept		\$	450.00
	Prior to the filin	g of this statement I have received			450.00
	Balance Due			\$	0.00
2.	The source of the cor	npensation paid to me was:			
	Debtor	☐ Other (specify):			
3.	The source of compe	nsation to be paid to me is:			
	■ Debtor	☐ Other (specify):			
4.	■ I have not agreed	to share the above-disclosed compen	nsation with any other persor	n unless they are mem	bers and associates of my law firm.
		share the above-disclosed compensationent, together with a list of the name			
5.	In return for the above	ve-disclosed fee, I have agreed to reno	der legal service for all aspec	cts of the bankruptcy	case, including:
	 b. Preparation and fi c. Representation of d. [Other provisions Negotiatio reaffirmati 	ebtor's financial situation, and renderiling of any petition, schedules, staten the debtor at the meeting of creditors as needed] ns with secured creditors to recon agreements and applications) for avoidance of liens on house.	nent of affairs and plan whice s and confirmation hearing, a duce to market value; ex s as needed; preparation	th may be required; and any adjourned hea	arings thereof;
6.		ne debtor(s), the above-disclosed fee of ation of the debtors in discharg			ings.
			CERTIFICATION		
this	I certify that the foreg	going is a complete statement of any ag.	agreement or arrangement for	or payment to me for i	representation of the debtor(s) in
,	June 19, 2017		/s/ C. David War	d	
_	Date		C. David Ward		
			Signature of Attorn	ney	
			C. David Ward 1234 Douglas Ro	nad	
			Oswego, IL 6054		
				ax: 630-551-7131	

cdward1945@yahoo.com

Name of law firm

United States Bankruptcy CourtNorthern District of Illinois

		1 (of the H District of Immors		
In re	Anna Dillard		Case No.	
		Debtor(s)	Chapter 7	
	VI	ERIFICATION OF CREDITOR M	// ATDIY	
	V1	EMITICATION OF CREDITOR N		
		Number of	f Creditors:	20
	The above-named Debtor(s (our) knowledge.) hereby verifies that the list of credi	itors is true and correct to	the best of my
	June 19, 2017	/s/ Anna Dillard		

Alden of Waterford LLC 2021 Randi Drive Aurora, IL 60504-4758

Alden of Waterford LLC 4200 W. Peterson Ave., Ste 140 Aurora, IL 60504-4758

Birch Communications PO Box 105066 Atlanta, GA 30348-5066

Blitt And Gaines 661 W. Glenn Avenue Wheeling, IL 60090

BMO Harris Bank PO Box 365 Arlington Heights, IL 60006

Cardmember Service PO Box 108 Saint Louis, MO 63166-0108

Cardworks/CW Nexus Pob 9201 Old Bethpage, NY 11804

Credit Collection Services 725 Canton St.
Norwood, MA 02062

Creditors Discount And Audit Co 415 E Main Street, Po Box 213 Streator, IL 61364

DirectTV
P. O. Box 6550
Greenwood Village, CO 80155-6550

Elan Financial Service 4 Station Square Ste 620 Pittsburgh, PA 15219 Ford Motor Credit National Bankruptcy Service Center Po Box 62180 Colorado Springs, CO 80962

Grand Dental-Fox Valley 1780 N. Farnsworth Ave. Aurora, IL 60505-1576

Malcolm S. Gerald And Assoc. 332 S. Michigan Ave, Ste 600 Chicago, IL 60604

Medical Business Bureau LLC PO Box 1219 Park Ridge, IL 60068

Medical Business Bureau LLC PO Box 326 Grand Haven, MI 49417-0326

MS Investment Group PO Box 10432 Peoria, IL 61612

National Field Reps 136 Maple Ave. Claremont, NH 03743

Resident Receivables LLC PO Box 5090 Evanston, IL 60204-5090

Rush Copley Medical Center 2000 Ogden Avenue Aurora, IL 60504